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Springfield, IL 62707  
(217) 698-2700 (Tel.)  
(217) 698-2715 (Fax)  
[www.gvnw.com](http://www.gvnw.com)

REDACTED – FOR PUBLIC INSPECTION

Via ECFS

October 21, 2013

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 Twelfth Street S.W.  
Room 5-A225  
Washington, D.C. 20554

**RE: CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-0135, 05-337, 03-109, CC DOCKET NOS. 01-92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION. (FILED IN DOCKETS 10-90 AND 11-42)**

Dear Ms. Dortch,

Grand River Mutual Telephone - IA (GRM-IA) hereby submits the attached redacted and confidential versions of its "FCC Form 481 – Carrier Annual Reporting Data Collection" financial information pursuant to sections §54.313 and §54.422 of the Commission's rules, as filed with the Universal Service Administrative Company.

Section 3005 of Form 481 requires the filing of financial information per 47 C.F.R. §54.313(f)(2). GRM-IA maintains that this information is "Confidential Financial Information" on the grounds that it is competitively sensitive information which could be used to disadvantage or harm GRM-IA and is submitting this information pursuant to Protective Order, DA 12-1857 as described below.

First, GRM-IA is submitting the "Confidential Financial Information" as a "Stamped Confidential Document" with each page bearing the legend CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-0135, 05-337, 03-109, CC DOCKET NOS. 01-92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION. One copy of the "Stamped Confidential Document" and accompanying cover letter are enclosed.

Second, GRM-IA is submitting the “Stamped Confidential Document” as a “Redacted Confidential Document” where the “Confidential Financial Information” has been redacted. Two copies of the “Redacted Confidential Document” and accompanying cover letter with each page stamped “REDACTED - FOR PUBLIC INSPECTION” are enclosed.

Finally, GRM-IA is submitting two copies of the “Stamped Confidential Document” and accompanying cover letter to Charles Tyler, Telecommunications Access Policy Division, Wireline Competition Bureau, Federal Communications Commission, 445 Twelfth Street S.W., Room 5-A452, Washington, D.C. 20554.

FCC Form 481 was also filed prior to October 15<sup>th</sup> with the Iowa Utilities Board.

Please contact me with any questions you have on this filing.

Sincerely,

*/s/ Dave Beier*

Dave Beier  
Consulting Manager  
GVNW Consulting, Inc.  
(217) 698-2700  
[dbeier@gvnw.com](mailto:dbeier@gvnw.com)

Enclosures

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

 FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	351888
<015> Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Dave Beier
<035> Contact Telephone Number: Number of the person identified in data line <030>	217-862-1936
<039> Contact Email Address: Email of the person identified in data line <030>	dbeier@gvnw.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	
<310> Detail on Attempts (voice)	<input type="text"/>		
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>		
<330> Detail on Attempts (broadband)	<input type="text"/>		
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	
<410> Fixed	<input type="text" value="0.25"/>		
<420> Mobile	<input type="text" value="0.0"/>		
<430> Number of Complaints per 1,000 customers (broadband)			
<440> Fixed	<input type="text"/>		
<450> Mobile	<input type="text"/>		
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	
<510> <input type="text" value="351888IA510"/>	(attach descriptive document)	<input checked="" type="checkbox"/>	
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	
<610> <input type="text" value="351888IA610"/>	(attach descriptive document)	<input checked="" type="checkbox"/>	
<700> Company Price Offerings (voice)	(complete attached worksheet)		
<710> Company Price Offerings (broadband)	(complete attached worksheet)		
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	
<1000> Voice Services Rate Comparability	(check to indicate certification)		
<1010> <input type="text"/>	(attach descriptive document)		
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)		
<1110>	(complete attached worksheet)		
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)		<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	
<2005>	(complete attached worksheet)		

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Dave Beier
<035>	Contact Telephone Number - Number of person identified in data line <030>	217-862-1936
<039>	Contact Email Address - Email Address of person identified in data line <030>	dbeier@gvnrw.com
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 year plan" filed with the FCC?	(yes / no ) <input checked="" type="radio"/> <input type="radio"/> (yes / no ) <input type="radio"/> <input type="radio"/>
<111>		

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing \$ 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<113> Maps detailing progress towards meeting plan targets  
 <114> Report how much universal service (USF) support was received  
 <115> How (USF) was used to improve service quality  
 <116> How (USF) was used to improve service coverage  
 <117> How (USF) was used to improve service capacity  
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.



1/1/2013	
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[illegible]

<010>	Study Area Code	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Dave Beier
<035>	Contact Telephone Number - Number of person identified in data line <030>	217-862-1936
<039>	Contact Email Address - Email Address of person identified in data line <030>	dbeier@gvwnv.com

[illegible]

<010>	Study Area Code	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Dave Beier
<035>	Contact Telephone Number - Number of person identified in data line <030>	217-862-1936
<039>	Contact Email Address - Email Address of person identified in data line <030>	dbeier@gvnm.com
<810>	Reporting Carrier	Grand River Mutual Telephone Corporation - IA
<811>	Holding Company	Grand River Mutual Telephone Corporation
<812>	Operating Company	Grand River Mutual Telephone Corporation - IA

[illegible]





**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0936/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Dave Beier
<035>	Contact Telephone Number - Number of person identified in data line <030>	217-862-1936
<039>	Contact Email Address - Email Address of person identified in data line <030>	dbeier@gynw.com

☐

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

**(1200) Terms and Condition for Lifeline Customers****Lifeline****Data Collection Form**

FCC Form 481

OMB Control No. 3050-0986/OMB Control No. 3050-0319

July 2013

<010>	Study Area Code	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Dave Beier
<035>	Contact Telephone Number - Number of person identified in data line <030>	217-862-1936
<039>	Contact Email Address - Email Address of person identified in data line <030>	dbeier@gvnmw.com

351888IA1210

&lt;1210&gt; Terms &amp; Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

&lt;1220&gt; Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:



&lt;1221&gt; Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



&lt;1222&gt; Details on the number of minutes provided as part of the plan,



&lt;1223&gt; Additional charges for toll calls, and rates for each such plan.

**(2000) Price Cap Carrier Additional Documentation****Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Dave Beier
<035>	Contact Telephone Number - Number of person identified in data line <030>	217-862-1936
<039>	Contact Email Address - Email Address of person identified in data line <030>	dbeier@gvntw.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

2nd Year Certification {47 CFR § 54.313(b)(1)}

3rd Year Certification {47 CFR § 54.313(b)(2)}

☐  
☐
**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

2013 Frozen Support Certification

2014 Frozen Support Certification

2015 Frozen Support Certification

2016 and future Frozen Support Certification

☐  
☐  
☐  
☐
**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

Certification Support Used to Build Broadband

☐
**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

3rd year Broadband Service Certification

5th year Broadband Service Certification

Interim Progress Certification

Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

☐

<b>[3000] Rate Of Return Carrier Additional Documentation</b>	
<b>Data Collection Form</b>	
FCC Form 481	
OMB Control No. 3060-0986/OMB Control No. 3060-0819	
July 2013	

<010>	Study Area Code	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Dave Beier
<035>	Contact Telephone Number - Number of person identified in data line <030>	217-862-1936
<039>	Contact Email Address - Email Address of person identified in data line <030>	dbeier@gtvtr.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

**Progress Report on 5 Year Plan**

(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
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(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No) <input checked="" type="checkbox"/> (Yes/No)
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(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input checked="" type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>

(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	351888TA3017
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	

(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications	<input type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.	<input type="checkbox"/>

(3022)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.	<input type="checkbox"/>
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(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>

(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	<input type="checkbox"/>

	Name of Attached Document Listing Required Information	
--	--	--

Certification - Reporting Carrier: Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	351888
<015>	Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Dave Beier
<035>	Contact Telephone Number - Number of person identified in data line <030>	217-862-1936
<039>	Contact Email Address - Email Address of person identified in data line <030>	dbeier@gvwnw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent/Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	351888
<015> Study Area Name	GRAND RIVER MUTUAL TEL. CORPORATION
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Dave Beier
<035> Contact Telephone Number - Number of person identified in data line <030>	217-862-1936
<039> Contact Email Address - Email Address of person identified in data line <030>	dbeier@gvnw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Dave Beier</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Dave Beier
Name of Reporting Carrier:	GRAND RIVER MUTUAL TEL. CORPORATION
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Officer:	Mark Yungeberg
Title or position of Authorized Officer:	Vice President
Telephone number of Authorized Officer:	660-748-3231
Study Area Code of Reporting Carrier:	351888 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	GRAND RIVER MUTUAL TEL. CORPORATION
Name of Authorized Agent or Employee of Agent:	Dave Beier
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Agent or Employee of Agent:	Dave Beier
Title or position of Authorized Agent or Employee of Agent:	GVNW Consulting Manager
Telephone number of Authorized Agent or Employee of Agent:	217-862-1936
Study Area Code of Reporting Carrier:	351888 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments



<010>	Study Area Code				351888
<015>	Study Area Name				GRAND RIVER MUTUAL TEL. CORPORATION
<020>	Program Year				2014
<030>	Contact Name - Person USAC should contact regarding this data			Dave Beier	
<035>	Contact Telephone Number - Number of person identified in data line <030>			217-862-1936	
<039>	Contact Email Address - Email Address of person identified in data line <030>			dbeier@gvniw.com	
<810>	Reporting Carrier			Grand River Mutual Telephone Corporation - IA	
<811>	Holding Company			Grand River Mutual Telephone Corporation	
<812>	Operating Company			Grand River Mutual Telephone Corporation - IA	

[illegible]

Grand River Mutual Telephone Corporation – Iowa (Grand River-IA)

SAC 351888

Iowa

FCC Form 481 – Line 510

Grand River-IA hereby certifies that it is complying with applicable federal and state service quality standards and consumer protection rules.

Description of Service Quality Standards and Consumer Protection Rules Compliance

- 1) Grand River-IA complies with the quality of service standard, service connection, held order and service interruption performance provisions of the state of Iowa, as promulgated in Iowa Administrative Code §199-22.6. Grand River-IA is committed to providing the highest quality service to its customers.
- 2) Grand River-IA complies with the requirements of 47 CFR Part 64 Subpart U, Customer Proprietary Network Information and Subpart Y, Truth in Billing Requirements for Common Carriers, and Federal Trade Commission Red Flag rules to prevent identity theft. A company manual for CPNI and Red Flags is in place, and employee training is conducted annually and new hires are instructed on the programs as required by their job functions.

Grand River Mutual Telephone Corporation - Iowa (Grand River-IA)

SAC 351888

Iowa

FCC Form 481 – Line 610

Grand River-IA hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)1 and the Iowa Administrative Code §199-22.6(5).

Description of Functionality in Emergency Situations

- 1) Grand River-IA has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.
- 2) Specifically, each of Grand River-IA's Community Dial Offices is equipped with a battery backup system capable of powering the equipment for a minimum of 8 hours with no outside power source. Each office also has a backup emergency generator (with a minimum of 35 kilowatts) capable of running for an extended number of days on liquid propane or diesel fuel. All digital loop carriers have battery backup also and are powered by portable generators during power outages. Where the company has deployed fiber to the home technology, the customer NID's have a UPS battery backup in case of emergency. Grand River-IA has built redundant facilities between its exchanges, affiliated companies and also back to its toll facilities which exit to the public switched telephone network. This redundant facility is in the form of SONET or Asynchronous transport. The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require. Grand River-IA takes no responsibility for the capabilities of interconnected networks to manage traffic spikes resulting from emergency situations, but will continue its best efforts for its own network during such events.

Grand River Mutual Telephone Corporation – Iowa (Grand River-IA)

SAC 351888

Iowa

FCC Form 481 – Line 1210

Description of Lifeline Terms and Conditions

- 1) See Grand River-IA's website at [www.grm.net](http://www.grm.net) for Lifeline information. Also, see below for Grand River-IA's Iowa Lifeline Assistance Certification Form and other pages explaining the terms and conditions for Lifeline service.
- 2) All of Grand River-IA's Lifeline customers receive unlimited local calling minutes.
- 3) Grand River-IA provides toll calling equal access for all Lifeline customers to numerous interexchange carriers (IXCs). The rates, terms and conditions of their toll carrier offerings are made by the IXCs, not by Grand River-IA.

Company Name: Grand River Mutual Telephone Corp

**Iowa Lifeline Assistance Certification Form**

*The information on this application is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance. Any documentation received will not be kept, shared or stored.*

(PLEASE PRINT)

Name:

\_\_\_\_\_  
(Last) (First) (Middle)

**Residential Address:** (may not be a P.O. Box)

\_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)

Check one below:

☐ Permanent Address ☐ Temporary Address (must verify address every 90 days)

Is this address occupied by multiple households? \_\_\_\_\_ Yes \_\_\_\_\_ No

Billing Address (if different than Residential Address):

\_\_\_\_\_  
(Street) (City) (State) (Zip)

**Telephone number or existing account number:** \_\_\_\_\_

**Date of Birth:** (mm/dd/yyyy) \_\_\_\_\_ **Last 4 digits of Social Security #:** \_ \_ \_ \_

*Please answer the following questions:*

1. Are you or anyone in your household currently participating in any of the following programs?  
(Check one & attach documentation\*)

- ☐ Medicaid (e.g. Title XIX/Medical, State Supplemental Assistance)
- ☐ Supplemental Nutrition Assistance
- ☐ Supplemental Security Income (SSI)
- ☐ Federal Public Housing Assistance Section 8
- ☐ Low-Income Home Energy Assistance Program (LIHEAP)
- ☐ Temporary Assistance to Needy Families Program (TANF)
- ☐ National School Lunch Program (NSL) Free Lunch Program; **OR**

2. Is your income at or below 135 percent of the Federal Poverty Guidelines?  
\_\_\_\_\_ Yes \_\_\_\_\_ No (\*Proof of income is required)

If yes, how many persons are in your household? \_\_\_\_\_

3. Are you or anyone else in your household currently receiving any Lifeline telephone assistance from any other wireline or wireless telephone provider?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**\*NOTE:** Any documentation received with the certification form will not be kept or stored by the local telecommunications provider.

**By signing below, I certify under penalty of perjury the information contained within this certification form is true and correct to the best of my knowledge:**

- ☐ I have read the information on this certification form and understand that I must meet the qualifications listed on this form to receive assistance from this program.
- ☐ I understand that the individual named on the documentation provided demonstrating program-based eligibility, if not me, is part of my household.
- ☐ I understand that willfully providing false or fraudulent information to receive a Lifeline benefit is punishable by law.
- ☐ I understand that Lifeline is a federal government benefit program and willfully making false statements in order to obtain that benefit can be punished by fine or imprisonment, or that I can be barred from the program.
- ☐ I agree to provide documentation of my eligibility, when required to do so.
- ☐ By participating in this government program, I agree to allow my provider to give my full name, full residential address, date of birth and the last four digits of my social security number to the national database. I understand that failure to comply will deny me the Lifeline benefit.
- ☐ I certify that my household is receiving no more than one Lifeline-supported service and understand that violation of this requirement will result in de-enrollment from the program and could result in criminal prosecution.
- ☐ I understand that I may not transfer my service to any other individual.
- ☐ I acknowledge that I may be required to re-certify my eligibility for Lifeline at any time and failure to re-certify my continued eligibility will result in de-enrollment and termination of Lifeline benefits.
- ☐ I understand that I must notify my telecommunications provider within 30 days if I no longer meet the income-based or program-based criteria for receiving Lifeline service, if I am receiving more than one Lifeline benefit, or if another member of my household is receiving a Lifeline benefit, and that I may be subject to penalties if I fail to do so.
- ☐ If I move to a new address, I agree to provide my new address to my telephone provider within 30 days.
- ☐ I understand completion of this certification form does not constitute immediate acceptance into this program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Prompt return of this certification form to your local telephone provider is necessary to ensure proper credits to your account. Certified low-income telephone assistance subscribers will receive a re-certification form annually from their local telecommunications provider and must return that form to their telecommunications provider within 30 days to ensure the continuation of assistance benefits.**

***SERVICE PROVIDER USE ONLY***

Telephone # Associated with Lifeline service: \_\_\_\_\_

Initiation Date: \_\_\_\_\_ De-enrollment Date: \_\_\_\_\_

Type of documentation Reviewed: ☐ Award Letter ☐ Voucher ☐ Benefits card ☐ Income Statement ☐ Other \_\_\_\_\_

Identifying Information of Document Submitted: \_\_\_\_\_

Documentation Expiration date (if applicable): \_\_\_\_\_

Name on Documentation (if different from name of applicant): \_\_\_\_\_

Method documentation was provided: ☐ In Person ☐ Fax ☐ Mail ☐ Electronically

Reviewed by: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Eligibility documentation destroyed by: \_\_\_\_\_ Date destroyed: \_\_\_\_\_

# Low-Income Telephone Assistance Program

## Lifeline

Lifeline is a plan that assists qualified low-income lowans by providing a monthly reduction of \$9.25 on their local telephone bill.

You may only receive low-income assistance from one wireline or wireless telephone provider per household.\*

### \*NOTE:

A "Household" is defined as any individual or group of individuals who are living together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household.

## Eligibility Requirements

To be eligible for Lifeline assistance, you must meet income-based criterion currently defined as at or below 135 % of the Federal Poverty Guidelines (see table inside) **OR** participate in at least one of the following programs:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families Program (TANF)
- National School Lunch Program (NSL)

In addition, you must not currently be receiving Lifeline assistance, and no other person in your household can be subscribed to the Lifeline program.

## To Apply for Lifeline:

1. Complete the certification form attached to this brochure, (please include any supporting documents) and submit it to your local telecommunications provider's business office. This address can be found in your local telephone directory.
2. Re-certification forms are mailed to all subscribers every year. When you receive a re-certification form, complete and return it to your local telecommunications provider within 30 days. Your telecommunications provider will suspend your eligibility for low-income assistance if you do not return the re-certification form.

# Federal Government Lifeline Program for Low-Income Telephone Assistance

Revised: January 2013



Courtesy of:

Iowa Telecommunications Association,  
Iowa Utilities Board,  
Rural Iowa Independent Telephone  
Association, and  
your Local Telephone Company

Company Name Grand River Mutual Telephone

# 135 percent of federal poverty guidelines

(As of January 24, 2013)

Number of people living in home	Household Income (at or below)
1	\$15,512
2	\$20,939
3	\$26,366
4	\$31,793
5	\$37,220
6	\$42,647
7	\$48,074
8	\$53,501
* For each additional person	Add \$5,427

## Application Checklist

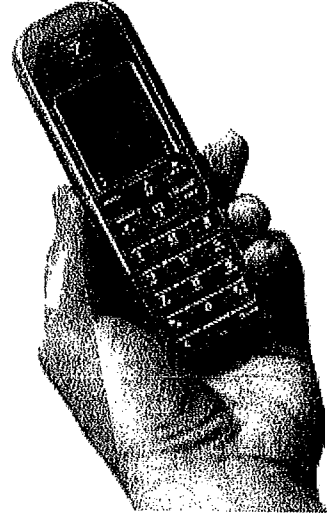
Please provide the following information:

1. A signed and completed Lifeline assistance certification form.
2. A copy of one of the following if applying based on the size and income level of a customer's household:
  - Last year's federal or state income tax return
  - Current annual income statement from employer
  - Paycheck stubs for most recent three consecutive months
  - Social Security statement of benefits
  - Veteran's Administration statement of benefits
  - Retirement or pension statement of benefits
  - Unemployment or worker's compensation statement of benefits
  - Letter of participation in general assistance
  - Divorce decree or child support documentation

3. Supporting documentation of program-based eligibility if applying based on participation in any programs listed on the back of this brochure.

Acceptable documentation of program eligibility includes the current or prior year's statement of benefits from a qualifying assistance program, a notice, letter or documents of participation in a qualifying assistance program, or another official document demonstrating that you, or one or more of your dependents, or your household receives benefits from a qualifying assistance program. **These documents will not be kept or stored by the local telecommunications provider.**

For questions, please call your local telecommunications provider.





# REDACTED – FOR PUBLIC INSPECTION

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0573-0031. The time required to complete this information collection is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

USDA-RUS

This data will be used by RUS to review your financial situation. Your response is required by 7 U.S.C. 991 et seq. and, subject to federal laws and regulations regarding confidential information, will be treated as confidential.

BORROWER NAME

Grand River Mutual Telephone Corporation (combined financials)  
Grand River Mutual - Missouri SAC 421888  
Grand River Mutual - Iowa SAC 351888

INSTRUCTIONS-Submit report to RUS within 30 days after close of the period.  
For detailed instructions, see RUS Bulletin 1744-2. Report in whole dollars only.

PERIOD ENDING

December, 2012

BORROWER DESIGNATION

MO0533

## CERTIFICATION

We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.

ALL INSURANCE REQUIRED BY 7 CFR PART 1788, CHAPTER XVII, RUS, WAS IN FORCE DURING THE REPORTING PERIOD AND RENEWALS HAVE BEEN OBTAINED FOR ALL POLICIES.

DURING THE PERIOD COVERED BY THIS REPORT PURSUANT TO PART 1788 OF 7CFR CHAPTER XVII

(Check one of the following)

☒ All of the obligations under the RUS loan documents have been fulfilled in all material respects.

☐ There has been a default in the fulfillment of the obligations under the RUS loan documents. Said default(s) is/are specifically described in the Telecom Operating Report.

DATE

## PART A. BALANCE SHEET

ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
<b>CURRENT ASSETS</b>			<b>CURRENT LIABILITIES</b>		
1. Cash and Equivalents			25. Accounts Payable		
2. Cash-RUS Construction Fund			26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments		
a. Telecom, Accounts Receivable			28. Customer Deposits		
b. Other Accounts Receivable			29. Current Mat. L/T Debt		
c. Notes Receivable			30. Current Mat. L/T Debt-Rur. Dev.		
4. Non-Affiliates:			31. Current Mat. Capital Leases		
a. Telecom, Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable			33. Other Taxes Accrued		
c. Notes Receivable			34. Other Current Liabilities		
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)		
6. Material-Regulated			<b>LONG-TERM DEBT</b>		
7. Material-Nonregulated			36. Funded Debt-RUS Notes		
8. Prepayments			37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
10. Total Current Assets (1 Thru 9)			39. Funded Debt-Other		
<b>NONCURRENT ASSETS</b>			40. Funded Debt-Rural Develop. Loan		
11. Investment in Affiliated Companies			41. Premium (Discount) on L/T Debt		
a. Rural Development			42. Recaptured Debt		
b. Nonrural Development			43. Obligations Under Capital Lease		
12. Other Investments			44. Adv. From Affiliated Companies		
a. Rural Development			45. Other Long-Term Debt		
b. Nonrural Development			46. Total Long-Term Debt (36 thru 45)		
13. Nonregulated Investments			<b>OTHER LIAB. &amp; DEF. CREDITS</b>		
14. Other Noncurrent Assets			47. Other Long-Term Liabilities		
15. Deferred Charges			48. Other Deferred Credits		
16. Jurisdictional Differences			49. Other Jurisdictional Differences		
17. Total Noncurrent Assets (11 thru 16)			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
<b>PLANT, PROPERTY, AND EQUIPMENT</b>			<b>EQUITY</b>		
18. Telecom, Plant-in-Service			51. Cap. Stock Outstand. & Subscribed		
19. Property Held for Future Use			52. Additional Paid-in-Capital		
20. Plant Under Construction			53. Treasury Stock		
21. Plant Adj., Nonop. Plant & Goodwill			54. Membership and Cap. Certificates		
22. Less Accumulated Depreciation			55. Other Capital		
23. Net Plant (18 thru 21 less 22)			56. Patronage Capital Credits		
24. TOTAL ASSETS (10+17+23)			57. Retained Earnings or Margins		
			58. Total Equity (51 thru 57)		
			59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)		

Total Equity = 67.06% % of Total Assets

USDA-RUS  <b>OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS</b>		BORROWER DESIGNATION  M00533	
INSTRUCTIONS- See RUS Bulletin 1744-2		PERIOD ENDING  December, 2012	
<b>PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS</b>			
ITEM		PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues			
2. Network Access Services Revenues			
3. Long Distance Network Services Revenues			
4. Carrier Billing and Collection Revenues			
5. Miscellaneous Revenues			
6. Uncollectible Revenues			
7. Net Operating Revenues (1 thru 5 less 6)			
8. Plant Specific Operations Expense			
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)			
10. Depreciation Expense			
11. Amortization Expense			
12. Customer Operations Expense			
13. Corporate Operations Expense			
14. Total Operating Expenses (8 thru 13)			
15. Operating Income or Margins (7 less 14)			
16. Other Operating Income and Expenses			
17. State and Local Taxes			
18. Federal Income Taxes			
19. Other Taxes			
20. Total Operating Taxes (17+18+19)			
21. Net Operating Income or Margins (15+16-20)			
22. Interest on Funded Debt			
23. Interest Expense - Capital Leases			
24. Other Interest Expense			
25. Allowance for Funds Used During Construction			
26. Total Fixed Charges (22+23+24-25)			
27. Nonoperating Net Income			
28. Extraordinary Items			
29. Jurisdictional Differences			
30. Nonregulated Net Income			
31. Total Net Income or Margins (21+27+28+29+30-26)			
32. Total Taxes Based on Income			
33. Retained Earnings or Margins Beginning-of-Year			
34. Miscellaneous Credits Year-to-Date			
35. Dividends Declared (Common)			
36. Dividends Declared (Preferred)			
37. Other Debits Year-to-Date			
38. Transfers to Patronage Capital			
39. Retained Earnings or Margins End-of-Period [(31+33+34) - (35+36+37+38)]			
40. Patronage Capital Beginning-of-Year			
41. Transfers to Patronage Capital			
42. Patronage Capital Credits Retired			
43. Patronage Capital End-of-Year (40+41-42)			
44. Annual Debt Service Payments			
45. Cash Ratio [(14+20-10-11) / 7]			
46. Operating Accrual Ratio [(14+20+26) / 7]			
47. TIER [(31+26) / 26]			
48. DSCR [(31+26+10+11) / 44]			

USDA-RUS						BORROWER DESIGNATION	
<b>OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS</b>						MO0533	
						PERIOD ENDED December, 2012	
INSTRUCTIONS - See RUS Bulletin 1744-2							
Part C. SUBSCRIBER (ACCESS LINE), ROUTE MILE, & HIGH SPEED DATA INFORMATION							
EXCHANGE	1. RATES		2. SUBSCRIBERS (ACCESS LINES)			3. ROUTE MILES	
	B-1 (a)	R-1 (b)	BUSINESS (a)	RESIDENTIAL (b)	TOTAL (c)	TOTAL (including fiber) (a)	FIBER (b)
Ridgeway	14.76	10.00					
Sheridan	13.09	10.00					
Spickard	14.76	10.00					
Thayer	10.70	10.00					
Washington Center	14.35	10.00					
Weldon	14.76	10.00					
Garden Grove	14.35	10.00					
Gentry	13.09	10.00					
Gilman City	14.76	10.00					
Allerton	14.35	10.00					
Barnard	13.51	10.00					
Bethany	14.76	10.00					
Blockton	13.09	10.00					
Brimson	14.76	10.00					
Browning	13.51	10.00					
Cainsville	14.76	10.00					
Chula	13.09	10.00					
Graham	13.51	10.00					
Grand River	13.09	10.00					
Jamesport	13.09	10.00					
Lamoni	13.93	10.00					
Laredo	14.76	10.00					
Leon	14.76	10.00					
Lineville	13.51	10.00					
Lucerne	13.09	10.00					
Meadville	13.51	10.00					
Mercer	14.35	10.00					
Millerton	13.93	10.00					
Mt. Moriah	14.35	10.00					
New Hampton	14.35	10.00					
Newtown	13.09	10.00					
Parnell	13.51	10.00					
Powersville	13.09	10.00					
Princeton	14.35	10.00					
Purdin	13.51	10.00					
Ravenwood	13.51	10.00					
Conception Junction	13.09	10.00					
Darlington	13.09	10.00					
Davis City	14.76	10.00					
Denver	13.09	10.00					
Derby	13.51	10.00					
Eagleville	14.76	10.00					
Galt	14.76	10.00					
Linneus	13.93	10.00					
MobileWireless							
Route Mileage Outside Exchange Area							
Total							
No. Exchanges							

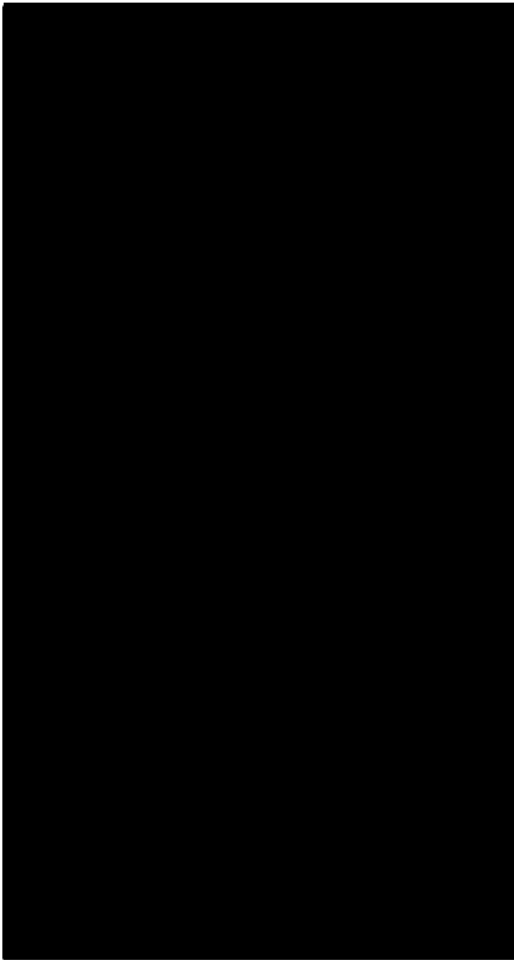
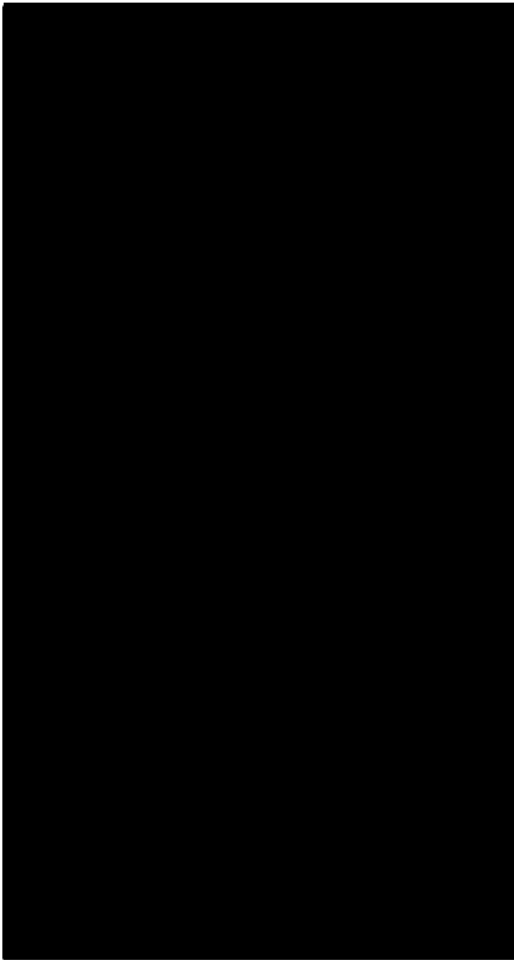
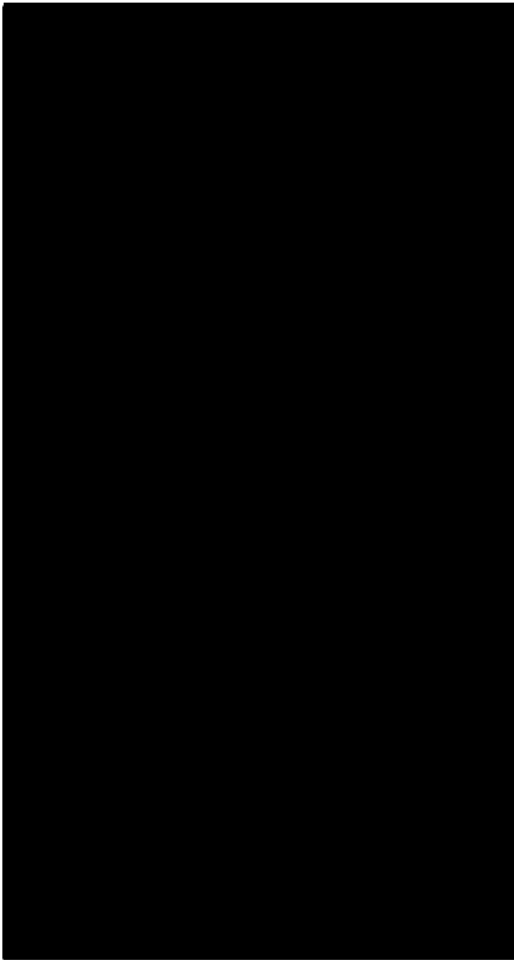
USDA-RUS							BORROWER DESIGNATION	
OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS							MO0533	
INSTRUCTIONS - See RUS Bulletin 1744-2							PERIOD ENDED December, 2012	
Part C. SUBSCRIBER (ACCESS LINE), ROUTE MILE, & HIGH SPEED DATA INFORMATION								
4. BROADBAND SERVICE								
EXCHANGE	No. Access Lines with BB available (a)	No Of Broadband Subscribers (b)	Number Of Subscribers (c)	Details on Least Expensive Broadband Service				
				Advertised Download Rate (Kbps) (d)	Advertised Upload Rate (Kbps) (e)	Price Per Month (f)	Standalone/Pckg (f)	Type Of Technology (g)
Ridgeway				6,000	768	42.95	Package	DSL
Sheridan				6,000	768	42.95	Package	DSL
Spickard				6,000	768	42.95		DSL
Thayer				6,000	768	42.95	Package	DSL
Washington Center				6,000	768	42.95	Package	DSL
Weldon				6,000	768	42.95	Package	DSL
Garden Grove				6,000	768	42.95	Package	DSL
Gentry				6,000	768	42.95	Package	Fiber to the Home
Gilman City				6,000	768	42.95	Package	DSL
Allerton				6,000	768	42.95	Package	DSL
Barnard				6,000	768	42.95	Package	DSL
Bethany				6,000	768	42.95	Package	DSL
Blockton				6,000	768	42.95	Package	DSL
Brimson				6,000	768	42.95	Package	DSL
Browning				6,000	768	42.95	Package	DSL
Cainsville				6,000	768	42.95	Package	DSL
Chula				6,000	768	42.95	Package	DSL
Graham				6,000	768	42.95	Package	DSL
Grand River				6,000	768	42.95	Package	DSL
Jamesport				6,000	768	42.95	Package	DSL
Lamoni				6,000	768	42.95	Package	DSL
Laredo				6,000	768	42.95	Package	DSL
Leon				6,000	768	42.95	Package	Fiber to the Home
Lineville				6,000	768	42.95	Package	DSL
Lucerne				6,000	768	42.95	Package	DSL
Meadville				6,000	768	42.95	Package	Fiber to the Home
Mercer				6,000	768	42.95	Package	DSL
Millerton				6,000	768	42.95	Package	DSL
Mt. Moriah				6,000	768	42.95	Package	DSL
New Hampton				6,000	768	42.95	Package	DSL
Newtown				6,000	768	42.95	Package	DSL
Pamell				6,000	768	42.95	Package	DSL
Powersville				6,000	768	42.95	Package	DSL
Princeton				6,000	768	42.95	Package	DSL
Purdin				6,000	768	42.95	Package	DSL
Ravenwood				6,000	768	42.95	Package	DSL
Conception Junction				6,000	768	42.95	Package	DSL
Darlington				6,000	768	42.95	Package	DSL
Davis City				6,000	768	42.95	Package	DSL
Denver				6,000	768	42.95	Package	Fiber to the Home
Derby				6,000	768	42.95	Package	DSL
Eagleville				6,000	768	42.95	Package	DSL
Galt				6,000	768	42.95	Package	DSL
Linneus				6,000	768	42.95	Package	Fiber to the Home
Total								

USDA-RUS  <b>OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS</b>		BORROWER DESIGNATION MO0533  PERIOD ENDING December, 2012			
INSTRUCTIONS- See RUS Bulletin 1744-2					
<b>PART D. SYSTEM DATA</b>					
1. No. Plant Employees	2. No. Other Employees	3. Square Miles Served	4. Access Lines per Square Mile		
<b>PART E. TOLL DATA</b>					
1. Study Area ID Code(s)  a. 351888 b. 421888 c. _____ d. _____ e. _____ f. _____ g. _____ h. _____ i. _____ j. _____		2. Types of Toll Settlements (Check one)  Interstate: <input type="checkbox"/> Average Schedule <input checked="" type="checkbox"/> Cost Basis  Intrastate: <input type="checkbox"/> Average Schedule <input checked="" type="checkbox"/> Cost Basis			
<b>PART F. FUNDS INVESTED IN PLANT DURING YEAR</b>					
1. RUS, RTB, & FFB Loan Funds Expended					
2. Other Long-Term Loan Funds Expended					
3. Funds Expended Under RUS Interim Approval					
4. Other Short-Term Loan Funds Expended					
5. General Funds Expended (Other than Interim)					
6. Salvaged Materials					
7. Contribution in Aid to Construction					
8. Gross Additions to Telecom. Plant (1 thru 7)					
<b>PART G. INVESTMENTS IN AFFILIATED COMPANIES</b>					
INVESTMENTS  (a)	CURRENT YEAR DATA		CUMULATIVE DATA		
	Investment This Year  (b)	Income/Loss This Year  (c)	Cumulative Investment To Date  (d)	Cumulative Income/Loss To Date  (e)	Current Balance  (f)
1. Investment in Affiliated Companies - Rural Development					
2. Investment in Affiliated Companies - Nonrural Development					

<b>USDA-RUS</b>  <b>OPERATING REPORT FOR</b> <b>TELECOMMUNICATIONS BORROWERS</b>	BORROWER DESIGNATION MO0533  PERIOD ENDING December, 2012
<b>PART H. CURRENT DEPRECIATION RATES</b>	
Are corporation's depreciation rates approved by the regulatory authority with jurisdiction over the provision of telephone services? (Check one)	
<input checked="checked" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>EQUIPMENT CATEGORY</b>	<b>DEPRECIATION RATE</b>
1. Land and support assets - Motor Vehicles	
2. Land and support assets - Aircraft	
3. Land and support assets - Special purpose vehicles	
4. Land and support assets - Garage and other work equipment	
5. Land and support assets - Buildings	
6. Land and support assets - Furniture and Office equipment	
7. Land and support assets - General purpose computers	
8. Central Office Switching - Digital	
9. Central Office Switching - Analog & Electro-mechanical	
10. Central Office Switching - Operator Systems	
11. Central Office Transmission - Radio Systems	
12. Central Office Transmission - Circuit equipment	
13. Information origination/termination - Station apparatus	
14. Information origination/termination - Customer premises wiring	
15. Information origination/termination - Large private branch exchanges	
16. Information origination/termination - Public telephone terminal equipment	
17. Information origination/termination - Other terminal equipment	
18. Cable and wire facilities - Poles	
19. Cable and wire facilities - Aerial cable - Metal	
20. Cable and wire facilities - Aerial cable - Fiber	
21. Cable and wire facilities - Underground cable - Metal	
22. Cable and wire facilities - Underground cable - Fiber	
23. Cable and wire facilities - Buried cable - Metal	
24. Cable and wire facilities - Buried cable - Fiber	
25. Cable and wire facilities - Conduit systems	
26. Cable and wire facilities - Other	

USDA-RUS  <b>OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS</b>		BORROWER DESIGNATION MO0533
INSTRUCTIONS – See help in the online application.		PERIOD ENDED December, 2012
<b>PART I – STATEMENT OF CASH FLOWS</b>		
<b>1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)</b>		
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
<b>2. Net Income</b>		
<i>Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities</i>		
<b>3. Add: Depreciation</b>		
<b>4. Add: Amortization</b>		
<b>5. Other (Explain)</b> Dereg. Depre, Salvage Plant in Serv., Dec. Int. & Div. Rec., Excise Tax Ref, JE error in Acct 4550.2		
<i>Changes in Operating Assets and Liabilities</i>		
<b>6. Decrease/(Increase) in Accounts Receivable</b>		
<b>7. Decrease/(Increase) in Materials and Inventory</b>		
<b>8. Decrease/(Increase) in Prepayments and Deferred Charges</b>		
<b>9. Decrease/(Increase) in Other Current Assets</b>		
<b>10. Increase/(Decrease) in Accounts Payable</b>		
<b>11. Increase/(Decrease) in Advance Billings &amp; Payments</b>		
<b>12. Increase/(Decrease) in Other Current Liabilities</b>		
<b>13. Net Cash Provided/(Used) by Operations</b>		
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
<b>14. Decrease/(Increase) in Notes Receivable</b>		
<b>15. Increase/(Decrease) in Notes Payable</b>		
<b>16. Increase/(Decrease) in Customer Deposits</b>		
<b>17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)</b>		
<b>18. Increase/(Decrease) in Other Liabilities &amp; Deferred Credits</b>		
<b>19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates &amp; Other Capital</b>		
<b>20. Less: Payment of Dividends</b>		
<b>21. Less: Patronage Capital Credits Retired</b>		
<b>22. Other (Explain)</b>		
<b>23. Net Cash Provided/(Used) by Financing Activities</b>		
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
<b>24. Net Capital Expenditures (Property, Plant &amp; Equipment)</b>		
<b>25. Other Long-Term Investments</b>		
<b>26. Other Noncurrent Assets &amp; Jurisdictional Differences</b>		
<b>27. Other (Explain)</b> Ad prop plant & equip exp a positive invest cost of remov plnt dec acrd taxes inc dereg inv or 4550.3		
<b>28. Net Cash Provided/(Used) by Investing Activities</b>		
<b>29. Net Increase/(Decrease) in Cash</b>		
<b>30. Ending Cash</b>		



USDA-RUS  OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS	BORROWER DESIGNATION  MO0533															
INSTRUCTIONS - See RUS Bulletin 1744-2	PERIOD ENDED December, 2012															
NOTES TO THE OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS																
<p>Part H. Iowa depreciation rates are not subject to PSC approval for GRMTC. The Missouri PSC does approve depreciation rates. However, a small company can apply for rates that differ from the last approved rates and get them approved for use without a full depreciation study. However, the PSC doesn't have to use these new rates in a rate case. For 1996 and following years, GRMTC used this method to get certain depreciation rates changed. The rates changed are:</p> <table border="1"> <thead> <tr> <th></th> <th>Approved Rates</th> <th>New Rates</th> </tr> </thead> <tbody> <tr> <td>Vehicles</td> <td colspan="2" rowspan="7"></td> </tr> <tr> <td>Digital Switch Equipment</td> </tr> <tr> <td>Buildings</td> </tr> <tr> <td>General Purpose Computers</td> </tr> <tr> <td>Pole Lines</td> </tr> <tr> <td>Aerial Lines</td> </tr> <tr> <td>Fiber Cable</td> </tr> <tr> <td>Underground Conduit</td> <td colspan="2"></td> </tr> </tbody> </table>			Approved Rates	New Rates	Vehicles			Digital Switch Equipment	Buildings	General Purpose Computers	Pole Lines	Aerial Lines	Fiber Cable	Underground Conduit		
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